Group Visit Starter Kit
Improving Chronic Illness Care

Group Visits: Introduction

This Group Visit Starter Kit is designed for health care teams who want to begin offering group visits for their patients. It contains information on:

- What are group visits
- Why they are useful
- How to plan and implement the visits
  - Task list and timeline
  - Who does what
  - Sample letter for patients
  - Sample agendas
- Information on a "Patient Workbook" for the participants
  - Group visit norms
  - Vitals record for patients
  - Clinic information sheet
- A list of resources to help you get started
  - Sources for patient education materials
  - Tips on facilitating groups
- References

Information to prepare this notebook was received from Collene Hawes of Group Health Cooperative, Kate Lorig of the Stanford Patient Education Research Center and John Scott of Kaiser-Colorado. Thanks to all the clinics and individuals who have shared materials and tools they have used.

What is a “Group Visit”?

The term is applied to a wide variety of visits designed for groups of patients, rather than individual patient-provider appointments. This Starter Kit describes the Cooperative Health Care Clinic (CHCC) model developed by the Kaiser Colorado staff. We will refer to it simply as a “group visit.” Group visits were pioneered with frail elderly patients who were high utilizers of primary care.

In this model, the health care team facilitates an interactive process of care delivery in a periodic group visit program. The team empowers the patient, who is supported by information and encouraged to make informed health care decisions. The group visit can be conceptualized as an extended doctor’s office visit where not only physical and medical needs are met, but educational, social and psychological concerns can be dealt with effectively.

Invitations are extended by the health care team to specific patients on the basis of chronic disease history and utilization patterns. The patients typically remain in the same group together. Members may be added to groups if the group size decreases.

Variations of this group visit format have been used for disease or condition specific populations, such as:

- Diabetes
- Hypertension
- Orthopedic procedures
- Heart failure
- Cancer
- Asthma
- Depression
- Fibromyalgia
- Hormone replacement therapy
- Chronic pain
- Hearing impaired population

Some groups begin with monthly meetings and later adjust the interval to quarterly. Additional information on diabetes specific group programs was published in Diabetes Care. [Diabetes management in a health maintenance organization. Efficacy of care management using cluster visits. Sadur CN, Moline N, Costa M, Michalik D, Mendlowitz D, Roller S, Watson R, Swain BE, Selby JV, Javorski WC Diabetes Care. 1999 Dec; 22(12):2011-7.]

Additionally, some clinics find it is helpful to periodically provide a group meeting for new patients as an orientation to the clinic, or to initiate a new clinical guideline.

Another group visit model, Drop-In Group Medical Appointments (DIGMA) follows a different methodology and will not be discussed here.

Why Have Group Visits?

Evidence from a randomized trial of group outpatient visits for chronically ill older HMO members in the Colorado Kaiser program indicates that group visits had the following impacts:

- 30-percent decrease in emergency department use
- 20-percent decrease in hospital use/re-admissions
- Delayed entry into nursing facilities
- Decreased visits to sub-specialists
- Increased total visits to primary care
- Decreased same day visits to primary care
- Increased calls to nurses
- Fewer calls to physicians
- Increased patient overall satisfaction with care
- Increased physician satisfaction with care
- Decreased cost PMPM by $14.79

In focus groups, patients tell providers that they value:

- trusting relationships with their provider:
- hands-on care.
- time with the provider.

Group visits are a way to address those needs.

Summary

Group visits offer staff a new and more satisfying way to interact with patients that makes efficient use of resources, improves access and uses group process to help motivate behavior change and improve outcomes.

Planning and Implementing Group Visits

Two Months Before the First Group Visit

Initiating a group visit requires some planning and coordination. Thankfully, many other providers have already tested the idea and materials are available to assist. Additional information may be obtained from Kaiser Colorado, 303-657-6808.

It is important to begin planning at least two months before the first visit is scheduled to occur. Make sure that you have support from the leadership at your site. With the leadership, discuss what outcomes you want from your group visits. Some suggestions include patient and provider satisfaction, achievement on clinical standards of care and utilization. Determine a measurement plan.

At a team meeting, determine the population you would like to invite for group visits. Remember that between 30- and 50-percent of patients are amenable to participation in group appointments, so determine if the population you wish to include is at least 50 patients or the group that results from your invitation may be too small to make the visit efficient for your team. Chronic illness registries and reports of patients with frequent visits can be used for this purpose. At this first team meeting, review the letters of invitation, standard agenda for the first meeting, and the roles of the team members. A task list and timeline is provided in the following section. Give top priority to scheduling the primary care provider, the nurse and an MA to assist with vitals during the "break" in the group visit. Don't forget to schedule the room.

One Month Before the First Group Visit

When a list of potential patients is obtained, the team should quickly review the list for patients who wouldn't be appropriate in a group. The typical exclusions are patients who are terminally ill, have memory problems, severe hearing problems, have difficulty with English (unless you are offering a second language session) or are out of the area for significant portions of the year. Create your mailing list and letters now. Plan to have letters reach patients about one month before the first session. The letter is viewed most positively if it is personally signed by the primary care provider, and followed up one or two weeks after the mailing with a personal phone call from the nurse who will be attending the group visits.

It is a good idea to have a second team meeting during this time. The materials for the patients to have at the first session should be reviewed. Each patient will be provided with a folder or three ring binder to bring with them to each visit. Review any assessments or documentation tools you wish to use. Discuss how the calling is going (or went) and who is expected to attend. Review the agenda and roles of the team. Some clinics like to provide coffee or a snack for the break in the visit. Arrange this as needed, as well as the materials for the folders, binders, a flip chart, BP cuffs and stethoscopes. It is a good idea to use nametags, especially for the first few visits.

One Week Before the First Group Visit

About one week before the first session, enlist someone to call the attendees and remind them of their appointment. These calls should describe the purpose of the visit, what is likely to occur at the visit and encourage the patient to attend. The caller should reinforce that this is an actual medical appointment, not a class or workshop, and people are expected to call and cancel if they cannot attend. Discuss the issues of co-pay and parking as necessary. Many teams request the charts of those who will be attending and review them for preventive care needs or other concerns.

Supplies for a Group Visit

Charts
BP cuffs & stethoscopes
Specialty Tools (ex: monofilaments for diabetes foot exam)
Forms (sign-in sheets, order forms, etc.)
Pens
Nametags
Flip charts and markers

Day of the First Group Visit

The day of the first session, prepare the room well in advance, as some patients will arrive early. Tables should be set up in the shape of a horseshoe with the open end pointing toward the speaker. Start on time to create the expectation that the visit has a beginning and an ending. At least one team member should be in the room to greet patients. Help patients to write the name they wish to be called in very large letters on their name tag.

Don't hog the airtime!

If the facilitator has been talking about him/herself for more than one minute, it's time to stop!

The primary care provider should open the meeting with a sincere welcome. All staff and team members are introduced. The patients are then given a format to follow for introductions. It is very important to include sharing in the introduction, as this will help to form the supportive relationships between the group members. For older patients, reminiscence can be very helpful. The primary care provider should **model** the introduction. The provider should introduce himself or herself again using the exact format they want the participants to use. For example, "My name is (use the name you wish to be addressed by). My favorite childhood toy was my bicycle. We used to ride all around our neighborhood in Des Moines, Iowa on our bikes." This modeling will help other participants to be brief. If participants begin to tell extended stories, the provider might need to gently interrupt by saying something like "Thank you, ___. We need to make sure we have time to hear from everyone." The introductions should take about 15 minutes.

After the introductions, the provider gives an overview of the group visit (30 minutes). Allow lots of time for interaction and questions. Review the group norms, which cover the expectation of confidentiality for the group.

We all like food

Consider offering simple refreshments.

In some groups, the members will take on the responsibility and offer to bring items to share.

Before the break, the provider and nurse should explain what will happen. The nurse will start at one end of the horseshoe and take vitals while and the physician will start on the other end and cover any individual issues. Some groups have found it helpful to have a medical assistant take vitals in addition to the nurse. Vitals are recorded for the patients in their notebooks, and for the medical record. All team members should be assessing patients for those who may need an individual visit at the end of the group session.

After the break (15 minutes), the group should reconvene for an open question and answer period. The provider may need to prompt this session and encourage participation at first. Often asking what people have heard or seen on the news or in the newspaper will get the questions rolling. The provider should involve the team as much as possible and refer questions to the nurse to demonstrate to the patients that the team works together.

Group Interaction is Powerful

Health care professionals are often tempted to use group visits as an opportunity to lecture patients – to tell patients everything they think patients should know about the disease process, treatment, etc. This can seriously undermine the success of the group visit.

Resist the temptation to take over and lecture! Trust the group to lead the way. The role of the health care team is to <u>facilitate</u> the group interaction.

After the question and answer period, the group discusses what topic they would like to discuss in the next group visit (typically one month in the future.) Writing down a list of all the ideas on a flip chart can be a very helpful technique. Providers find that patients typically bring up topics that the provider team also feels are important and rarely suggest frivolous topics. If they do, other participants usually discourage the idea. Some provider teams may want to get a quick reaction from the participants about what they liked about the meeting. Thank the participants for coming.

Tips for Using Flipcharts

- Write in clear large letters
- Use Bullets for lists
- Use alternating colors to clearly separate items

Happy Endings

It's important to end each session with a strong, clear closing statement. Think about the difference between the following closures:

Example #1: "This was a great session. You all did a wonderful job discussing issues of medication management and thinking of creative solutions to the problems that some of you have experienced. I really appreciate your openness and your willingness to share. At the next meeting, we will be discussing ways to increase activity levels. Thanks for coming and we'll see you all on March 12th."

Example #2: "Well, I guess that's it. I can't think of anything else. OK, then. Bye."

Individual appointments then follow at 10 minute intervals. The nurse and provider may both have individual appointments. After 30 minutes of appointments, the provider is rewarded for the group visit by having 30 minutes of discretionary time.

After the first group visit, the team may want to have a short debriefing meeting. Discuss what went well and what didn't go so well. As you discuss things you might want to do differently, remember that the basic format of the group has been tested in clinical trials, and deviations from the outline may not have the same positive results.

Providers have found that few materials should be prepared in advance of the group visit. Quickly reviewing the patient information materials your clinic usually uses is generally all that is required. What the patients want to hear about is the basic information they need to know and how others have dealt with the situation. Providers should strive for each session to be interactive. An appendix contains helpful information to deal with difficult people and situations that may arise in a group session.

Let the group answer questions

When questions arise, health care professionals tend to want to give the answers. Instead, learn to leverage the power of the group.

"Has anyone else experienced this problem? What worked for you?

This increases the participants' confidence in their own problem solving ability.

Monthly Follow-Up

The team should hold a brief meeting each month to review the participants' requested topic and determine how to address it. Kaiser Colorado has found that it is best to have most of the presentations and discussion done by members of the primary care team. Review the roles of the team members and anything that the team would like to try differently for the upcoming session.

Task List and Timeline

Date	Action	Responsibility	Done	Comments
Two months before first session				
	Meet with leadership Determine goals and measurement			
	Team meeting (1 hour or less) Determine type of group visit (ex: frail elderly) Discuss plans and team member roles Review agenda and letters			
	Schedule room (2-hour block)			
	Schedule provider (2-hour block)			
	Schedule RN (2-hour block)			
	Schedule MA for vitals during "break"			
	Obtain list of potential participants			
	Review list for inappropriate invitees	Provider		
One month before first session				
	Send out invitation letters to 40-50 people			
	Call all patients who received letter (2 weeks after mailing)	RN		
	Team meeting (45 minutes or less) Review agenda and roles, attendees, patient notebooks			
	Arrange refreshments, if desired			
	Create records for patients (folder/notebook for 25 per group)			
One week before				
	Create roster of attendees and sign-in sheet			
	Review charts for potential immediate needs			
	Call attendees to remind them of their appointment			
Day of Visit				
	Set up room (horseshoe)			
	Materials to room (patient folders, coffee, BP cuffs, stethoscopes, flip chart, nametags, tissues)			
	Be in room early to greet patients			
	Hold visit			
	Debrief after visit: What went well? What didn't go as well?			
Monthly	Plan next group visit			

Who Does What

Each team should review the tasks and roles and determine how best to use their team. The result might look something like this:

LPN/MA

1. Pull charts 3-5 days before the group visit.
2. Remind primary care provider about the upcoming group visit.
3. As agreed upon by team, perform chart review.
4. Give results of chart review to provider.

Day of Group visit

1. Check room set-up.
2. Take charts and supplies to room.
3. Perform vitals, exams and immunizations as needed.
4. Data entry into registry if appropriate.

Appointing Personnel

1. Reminder phone calls to patients.
2. Check on room reservation.
3. Make sure name tags are ready.

Day of Group Visit

1. Prepare charts and labels.
2. Print out registries for patients if appropriate.
3. Complete billing information as needed.

MD

1. Participate in planning of the visit with the team, following suggestions of participants.
2. Review charts, identify problems for review with individual patients.

Day of Group Visit

1. Conduct discussion and group visit.
2. During break, review individual needs and make 1:1 individual appointments for after the visit.
3. Document all visits.

RN

1. Coordinate the planning of the visit with the team.
2. Coordinate materials and information for the visit.

Day of Group Visit

1. Circulate in room during break, performing vital signs and identifying patients who need individual attention.
2. After visit, follow up with patients via telephone as needed.

Who Does What (continued)

Others: Pharmacist, Behavioral Health, Nutrition, Physical Therapy

It is sometimes helpful to provide access to other specialists during the group visits. It is important that the team adequately brief anyone brought into the group visit so they adhere to the high degree of interactivity encouraged in the group. Discourage these guest presenters from lecturing to the patients or providing them with excessive prepared materials.

A good model for these presentations is for the physician, nurse, or presenter to have the group list all the questions they have right before the presenter speaks. If these are listed on a flip chart, they can be checked off as they are discussed. The presenter can suggest topics that the patients may not be aware of if they are not included on the list.

Medical Center Letterhead

Date

Dear ,

I want to invite you to participate in a new way of delivering medical care. This program is designed specifically for (*describe group:* patients with _____, patients over 65). By choosing to participate you will be asked to:

Become a member of a small group of patients with ___. This group will meet every month with me to address medical and other issues of concern to you.
Help us develop the program for your particular group.
Help evaluate the success of the program in meeting your needs.

Most of the time when you come in to the clinic, you are ill or have a specific problem that we need to talk about. Discussions about managing or improving your health are often hard to fit into these short visits. The purpose of this group is improved health. In the group we will discuss ways you can maintain or improve your health and make sure you are up-to-date with care recommended for you.

The first group visit will be held _____ (day and date) from _____ (am or pm). These group visits will be held at _____. We encourage you to bring a family member with you. Since this visit includes a medical evaluation, a co-pay will be collected if you usually pay for medical care.

If you are interested, please RSVP by _____ (date) to _____ (name) at _____ (phone number). If you are not interested, you will continue to receive usual health care.

PCP

Group Visit
Agenda for First Session

15 minutes **Introductions/Welcome**

Physician opens the session.
All team members present are introduced.
Introductions follow around the room, with sharing included. Example for older patients: Give your name as you would like to be called, and share your favorite childhood game (or where you were on Pearl Harbor Day, or favorite childhood holiday memory, etc.).

30 minutes **Group Visits**

What are they?
Why are we doing it?
What should you expect?
Questions from the group.
Group visit norms.
Review folder/notebook.

15 minutes **Break**

Physician starts on one side, nurse on other.
Take blood pressures, ask about specific concerns for the day (look for patients who need 1:1 visits).
Refill meds.

15 minutes **Questions and Answers**

Ask for any questions the group has about their health, the visit, etc.

15 minutes **Planning**

Topic for next month.
Announce time and date.

30 minutes **1:1 visits with provider and nurse as needed**

30 minutes **Provider discretionary time**

Group Visit
Agenda Template

15 minutes **Introductions/Welcome**

Physician opens the session.
All team members present are introduced.
Introductions follow around the room, with sharing included.

30 minutes **Topic of the Day**

Physician and nurse provide information, interacting with the participants whenever possible.
Some suggestions to make the session interactive include asking:
"Has anyone here ever had this problem?"
"How has anyone dealt with this situation before?"
"What have you heard about _____ ?"
Always intersperse the presentation with questions from the group

15 minutes **Break**

Physician starts on one side, nurse on other.
Take blood pressures, ask about specific concerns for the day (look for patients who need 1:1 visits).
Refill meds.

15 minutes **Questions and Answers**

Ask for any questions the group has about their health, the visit, recent topics in the news, etc.

15 minutes **Planning and Closing**

Determine topic for next month
Thank everyone for coming, providers proceed to 1:1 visits

30 minutes **1:1 visits with provider and nurse**

30 minutes **Provider discretionary time**

Materials and resources for patient folders/notebooks

Assessments

For some types of group visits, the clinic may want to have the participants complete a questionnaire or health assessment before the group visit. It is highly recommended that when teams consider using assessments that they utilize instruments that are brief and have been tested before. One resource is Lorig et al Outcome Measures for Health Education and other Health Care Interventions, SAGE Publications, 1996.

Curricula

It is very tempting for the team to develop detailed lessons plans and curricula, but this is not recommended. Researchers have found that groups of patients will choose the topics that health professionals want to discuss. By leaving the choice of discussion topic up to the participants, the group forms closer bonds and develop a sense of self-confidence. A great deal of the information that patients find helpful is hearing how other people have handled similar situations. The information that patients want from professionals tends to be basic information and it is rarely necessary to research a topic or refer to books to work with patients. If this is necessary it can be accomplished in the period between meetings, since the participants should be setting the topic for the upcoming meeting in the preceding one. Some groups have found it helpful to keep a checklist of topics they would like to cover and periodically review the checklist.

Patient Education Materials

If you wish to choose and order patient education materials for your group visits, carefully review them to make sure they are consistent with your approach to patient care. Remember to use materials accepted for use in your setting so you will avoid the need to explain discrepancies in standards for care.

Clinic Brochures

You may wish to include brochures giving patients information about your clinic and phone numbers to call for appointments, prescriptions, and other needs. Check to see if someone has already compiled this information.

Group Visit Norms

We will…

Encourage everyone to participate.

State our opinions openly and honestly.

Ask questions if we don't understand.

Treat one another with respect and kindness.

Listen carefully to others.

Respect information shared in confidence.

Try to attend every meeting.

Be prompt, so meetings can start and end on time.

Group Visit
Vitals Record

Date	Blood Pressure	Pulse	Questions

Group Visit
Medication Record

Date	Medication	Dose	Reason

DEALING WITH THE DIFFERENT TYPES OF PEOPLE/SITUATIONS IN GROUP SETTINGS

This information is provided courtesy of the Stanford Patient Education Research Center that maintains the copyright. It has been adapted for use in group visits at Group Health Cooperative.

The following descriptions of different types of people and potentially difficult situations are presented here to stimulate your thinking about how **you** might handle these effectively during a group session that you are leading. Preparing ahead of time may even help you prevent such problems. Each situation is different, therefore use your best judgement to determine what suggestions might be effective in real situations.

If a difficult situation persists, discuss it with your co-workers. Together, you will get the support you need and can decide how best to handle the problem.

The Too-Talkative Person

This is a person who talks all the time and tends to monopolize the discussion.

The following suggestions may help:

Remind the person that we want to provide an opportunity for everyone to participate equally.

Refocus the discussion by summarizing the relevant point, then move on.

Spend time listening to the person outside the group.

Assign a buddy. Give the person someone else to talk to.

Use body language. Don't look toward the person when you ask a question. You may even consider having your back toward the person.

Talk with the person privately and praise him/her for contributions, and ask for help in getting others more involved.

Thank the person for the good comment, and tell him/her that you want everyone to have a turn at answering the question.

Say that you won't call on someone twice until everyone has had a chance to speak once first.

The Silent Person

This is a person who does not speak in discussions or does not become involved in activities.

The following suggestions may help:

Watch carefully for any signs (e.g., body language) that the person wants to participate, especially during group activities like brainstorming and problem solving. Call on this person first, but only if he/she volunteers by raising a hand, nodding, etc.

Talk to them at the break and find out how they feel about the group session.

Respect the wishes of the person who really doesn't want to talk; this doesn't mean that they are not getting something from the group.

The "Yes, but . . . " Person

This is the person who agrees with ideas in principle but goes on to point out, repeatedly, how it will not work for him/her.

The following suggestions may help:

Acknowledge participants' concerns or situation.

Open up to the group.

After three "Yes, but's" from the person, state the need to move on and offer to talk to the person later.

It may be that the person's problem is too complicated to deal with in the group, or the real problem has not been identified. Therefore, offer to talk to the person after the session and move on with the activity.

If the person is interrupting the discussion or problem-solving with "Yes, but's," remind the person that right now we are only trying to generate ideas, not critique them. Ask him/her to please listen and later we can discuss the ideas if there is time. If there is no time, again offer to talk to the person during the break or after the session.

The Non-participant

This is the person who does not participate in any way.

The following suggestions may help:

Recognize that the people in the group are variable. Some may not be ready to do more than just listen. Others may already be doing a lot, or are overwhelmed. Some may be frightened to get "too involved." Still others may be learning from the sessions, but do not want to talk about it in the group. Whatever the reason, do not assume the person is not benefiting from the group in some way, especially if he/she is attending each session.

Do not spend extra time trying to get this person to participate.

Congratulate those participants who do participate.

Realize that not everything will appeal to everyone in the same way or at the same time.

Do not evaluate yourself as a leader based on one person who chooses not to participate in activities.

The Argumentative Person

This is the person who disagrees, is constantly negative and undermines the group. He/she may be normally good natured but upset about something.

The following suggestions may help:

Keep your own temper firmly in check. Do not let the group get excited.

If in doubt, clarify your intent.

Call on someone else to contribute.

Have a private conversation with the person; ask his/her opinion about how the group is going and whether or not he/she has any suggestions or comments.

Ask for the source of information, or for the person to share a reference with the group.

Tell the person that you'll discuss it further after the session if he/she is interested.

The Angry or Hostile Person

You will know one when you see one. The anger most likely has nothing to do with the leader, group or anyone in the group. However, the leader and groups members are usually adversely affected by this person and can become the target for hostility.

The following suggestions may help:

Do not get angry yourself. Fighting fire with fire will only escalate the situation.

Get on the same physical level as the person, preferably sitting down.

Use a low, quiet voice.

Validate the participant's perceptions, interpretations and/or emotions where you can.

Encourage some ventilation to make sure you understand the person's position. Try to listen attentively and paraphrase the person's comments in these instances.

If the angry person attacks another participant, stop the behavior immediately by saying something like: "There is no place for that kind of behavior in this group. We want to respect each other and provide mutual support in this group."

When no solution seems acceptable ask, "At this time, what would you like us to do?" or "What would make you happy?" If this does not disarm the person, suggest that this group may not be appropriate for him/her.

The Questioner

This is the person who asks a lot of questions, some of which may be irrelevant and designed to stump the leader.

The following suggestions may help:

Don't bluff if you don't know the answer. Say, "I don't know, but I'll find out."

Redirect to the group: "That's an interesting question. Who in the group would like to respond?"

Touch/move physically close and offer to discuss further later.

When you have repeated questions, say, "You have lots of good questions that we don't have time to address during this session. Why don't you look up the answer and report back to us next week."

Deflect back to topic.

The Know-It-All Person

This is the person who constantly interrupts to add an answer, comment, or opinion. Sometimes this person actually knows a lot about the topic and has useful things to contribute. Others, however, like to share their pet theories, irrelevant personal experiences and alternative treatments, eating up group time.

The following suggestions may help:

Restate the problem.

Limit contributions by not calling on the person.

Establish the guidelines at the start of the session and remind participants of the guidelines.

Thank the person for positive comments.

If the problem persists, invoke the rule of debate: Each member has a right to speak twice on an issue but cannot make the second comment as long as any other member of the group has not spoken and desires to speak.

The Chatterbox

This is a person who carries on side conversations, argues points with the person next to him/her or just talks all the time about personal topics. This type of person can be annoying and distracting.

The following suggestions may help:

Stop all proceedings silently waiting for the group to come to order.

Stand beside the person while you go on with workshop activities.

Arrange the seating so a leader is sitting on either side of the person.

Restate the activity to bring the person back to the task at hand or say, "Let me repeat the question."

Ask the person to please be quiet.

The Crying Person

Occasionally, a group discussion may stimulate someone in the group to express their feelings of depression, loss, sorrow or frustration by crying. People cry for many reasons. They may feel that someone finally understands what it has been like, which makes them feel safe to express emotions they have been suppressing for a while. Crying is usually a release that promotes emotional healing. To allow a person to cry is helpful; it may also help to bring the group closer together, providing mutual support to one another. Your role is to convey that is okay to cry so the person does not feel embarrassed in front of the group.

The following suggestions may help:

Always have a box of tissues handy and pass it to the person.

Acknowledge that it is all right to cry — having a health problem is difficult, then continue on with the class.

If the person is crying a lot, one leader may want to accompany the person out of the class to see if anything needs to be done. The other leader should continue on with the rest of the group.

Generally, if no one tries to stop the crying, within a short period of time, it will play itself out. Tension will be released and the person will feel better and the participants will feel closer to the person.

At the break or after the session, ask if the person is okay now and if he/she needs help with anything. Reinforce to the person that crying is a perfectly normal, healthy behavior and that he/she is not the first to cry in this class. In fact, it has happened quite often and probably will in the future.

The Suicidal Person

Rarely, you may encounter someone who is very depressed and is threatening to take his/her own life or expresses severe hopelessness or despair.

Talk to the person privately. One professional can accompany the person out of the room, and perform a further assessment of suicide risk.

Engage mental health services.

The Abusive Person

This is someone who verbally attacks or judges another group member.

The following suggestions may help:

Remind the group that all are here to support one another.

Establish a group rule and remind everyone that each person is entitled to an opinion. One may disagree with an idea someone has but under no circumstances will personal attacks be appropriate. If the abuse continues, ask the person to leave.

The Superior Observer

This is a person with a superior attitude who says he/she is present out of curiosity, and that he/she already knows everything about their health and is coping well.

The following suggestions may help:

If the person knows a lot and is doing well, you may want to have them provide examples of what they do at selected times for the group.

A person may also act superior if he/she feels uncomfortable and not a part of the group. If so, include him/her in some way.

If the person wants to be ignored, then ignore them. They will get bored and leave or start to participate.

The Person in Crisis

The person in "crisis" is the one with the problems who wants help and/or just needs to talk about these problems.

The following suggestions may help:

Listen attentively, be empathetic, use open-ended questions and use reflective listening.

If after five minutes it is obvious that the person will need more time to "unload," talk to person during the break or afterwards, as you will have to go on with the group activities.

Don't take up session time and energy with the very "needy" person because it takes time away from the other participants who can be helped. Refer them to appropriate services, such as social work or behavioral health.

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